

10/796 731

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL#	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1			1				61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
9							69					
10							70					
11							71					
12							72					
13							73					
14							74					
15							75					
16							76					
17							77					
18			1				78					
19							79					
20							80					
21							81					
22							82					
23							83					
24							84					
25							85					
26							86					
27							87					
28							88					
29							89					
30							90					
31			1				91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.							TOTAL IND.			3		
TOTAL DEP.							TOTAL DEP.			39		
TOTAL CLAIMS							TOTAL CLAIMS			72		